

## ROCHESTER









JUDY SCHERR, CMC City Clerk 201, 4th Street SE, Room 135 Rochester, MN 55904-3742 (507) 328-2900 FAX #(507) 328-2901

| NAME: AMU Ward                           | FAX #(507) 3 |
|--|--------------|
| ADDRESS: 4943 Manor Brook Dr NW          |              |
| CITY, STATE, ZIP CODE ROCKISTON MU 5590/ |              |

- 1. What is the name of your position, title or job title with the municipality or City?
- Library board
- 2. Is this an employed, appointed, or elected position?

Oppointed

3. What is the name of the City department in which you are employed, or City board, commission or elected body on which you serve?

hbrary board

4. When were you hired, appointed or elected to this position?

2013

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood, marriage or other personal relationships or close business or political association. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

Ethics Ordinance Disclosure Form Page Two

| 5. | Please list your interests in real pro | perty within the | City | of Rochester, | other than | your |
|----|--|------------------|------|---------------|------------|------|
|    | homestead. Complete on a separate      | page if necessar | ry.  |               |            | •    |

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6. Please list any interests you have in a business doing business with the City.

none

7. Please list any interest you have in any business located within, or doing business in, the City.

none

8. List any and all employment.

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9. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

ISD 535

I hereby certify that the above information is complete and accurate.

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Date

Please mail completed and signed form to: Judy Scherr, CMC, City Clerk; City Hall, 2014<sup>th</sup> Street SE, Room 135 Rochester, MN 55904-3742 05-16-13